



Volunteer Registration:

Name: _____
First _____ *Last* _____
Address _____ City _____ State _____ Zip _____

Contact Info:

Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail _____

Birthday:

Month: _____ Day: _____ Year: _____

Emergency Contact Information:

Contact Person: _____
Relationship: _____
Phone Number: _____

Do You Have any Health Problems?

Yes No
If yes, what? _____

Would you like to receive our monthly newsletter? Yes No

Skills:

Do you any unique skills? Yes No
If yes, what? _____

Availability:

Mornings Afternoons Evenings
Mon Tues Wed Thurs Fri Sat

Court Appointed Service:

Court: _____ Probation Officer _____
Offense _____ Number of Hours Assigned _____
Completion Date: _____

Adult/Child Photographic Release:

Do you consent to film, photo, or video that may be taken of you while you are volunteering at the NH Food Bank to be used by the NH Food Bank or any of it's participating agencies for publicity and or advertising? By agreeing to this you are releasing the NH Food Bank and its agencies from any liability in connection with the use of these materials. **Yes** **No**

Signature _____

Date _____

